



PARKS & RECREATION

It is the policy of the City of Rocky Mount not to discriminate on basis of race, sex, national origin, disability, age, creed, color or religion.

Rocky Mount Parks & Recreation Department

2015 - 2016 Youth Winter Sports Registration





REGISTRATION DEADLINE: November 20, 2015

Visit our website to register on-line or print forms at: www.rockymountnc.gov/parks
Athletics Office: 252-972-1160 Fax: 252-972-1685

The Athletics Office reserves the right to combine age divisions and genders when appropriate and necessary.
MISSION STATEMENT:
To advance the quality of life by providing positive, inclusive experiences through people, parks and programs.

Participant's Name _____ M _____ F _____ Age _____ Birth Date _____
As shown on birth certificate (month, day, year)
Mailing Address _____ City _____ Zip Code _____
Primary Phone# _____ Mother's Name _____ Mother's Cell _____
Email _____ Father's Name _____ Father's Cell # _____
Special Needs:(optional) _____ **ASSIGNMENT REQUESTS NOT GUARANTEED!**

YOUTH BASKETBALL

 **Tiny Tots Basketball** ☐
Ages: 3-4 (MUST be 3 by 12/31/15)
 **Youth Basketball** ☐
* Age groups: 5-7; 8-10; 11-13; 14-16
 **Girls Basketball** ☐
* Ages: 9-10
 **Basketball Cheerleading** ☐
* Ages: 5-12
* Determine Age as of March 1, 2016

City Resident Fee \$ 36.00
Non City Resident Fee 54.00
Accident Ins. (Optional) + 6.00

INTERESTED IN COACHING ?

☐





Check box above.

Visit our website for details:
www.rockymountnc.gov/parks

Please mail entry fee and form to:

CITY OF ROCKY MOUNT
Lynn Driver,
Parks & Recreation
Athletics Supervisor
PO Box 1180
Rocky Mount, NC
27802-1180

YOUTH INDOOR SOCCER

 **U8 Co-Ed League** ☐
Ages: 6-7 (As of August 1)
 **U10 Co-Ed League** ☐
Ages: 8-9 (As of August 1)
 **U12 Co-Ed League** ☐
Ages: 10-11 (As of August 1)
 **U15 Co-Ed League** ☐
Ages: 12-14 (As of August 1)
* Determine Age as of August 1, 2015

City Resident Fee \$ 36.00
Non City Resident Fee 54.00
Accident Ins. (Optional) + 6.00

REFUND POLICY

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental date.

REGISTRATION REQUIREMENT

A copy of child's Birth Certificate MUST accompany entry form for first time participants.

TOTAL AMOUNT PAID \$ _____

(Please Check Appropriate Program Box)

Payment Options: Money Order / Credit Card / Check

Receipt # _____ Check # _____

Card # _____ Exp. Date _____

Signature _____ 3-digit Code _____

(For Credit Card Payment ONLY)

Make checks and M/O payable to: **CITY OF ROCKY MOUNT**

NO CASH ACCEPTED !

CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the 2015-2016 Youth Basketball / Winter Cheerleading / Youth Futsal (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

PHOTO RELEASE STATEMENT— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

Signature of Parent/Guardian _____ (SEAL) _____ Date: _____
Print Name _____